

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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40	1					
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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